



# Houston Police Department

## TCIC/NCIC Practitioner

### Training Certification Form



CJISID: \_\_\_\_\_

### Texas Crime Information Center / National Crime Information Center

I acknowledge that I have viewed the Practitioner's course material provided by HPD. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the Practitioner Training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. **Consider all fields on this form MANDATORY.**

**Please Complete on the Computer or Print Legibly:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Identification Number \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Company or Personal Email

HPD or Classroom Training Location: \_\_\_\_\_

Classroom / Video Address

Company Contact Phone Number: \_\_\_\_\_

By signing this form I acknowledge that I have viewed the TCIC/NCIC Practitioner Training provided by HPD or attended a State of Texas approved TLETS training event and understand the rules and regulations associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_